

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34973

State File No.

FILED NOV 9 1948

Registration District No. 317

Primary Registration District No. 3063

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Infant Charles Wm. Goedde

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 29, 1948
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 5 hr. _____ min.

9. Birthplace Richmond Heights St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Charles Wm. Goedde

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Margaret A. Becker

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Becker

(b) Address 9404 Everman Ave.

17. (a) Burial (b) Date thereof 11-1-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Rd

19. (a) 11-1-48 (b) Beed a 7/11/48
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 9404 Everman Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec-29 day 1948
year _____ hour 5-hrs minute _____ M.

21. I hereby certify that I attended the deceased from Dec 29, 1948 to Dec 29, 1948
that I last saw him alive on Dec-29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Prematurely - Atelectasis
Due to Premature separation of placenta (in mother)
Due to Premature labor
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy x

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature J. Beecher (M. D. or other) _____
Address 634 N. Grand Bl. Date signed 10/29/48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.